

inhalation therapy

✓
910.5
55
MEDICAL
LIBRARY

August 1960

Volume 5 Number 4

IN THIS ISSUE

One-Hundred-Year-Old Study of

How To Cure Catarrh

Two Points of View on the

Danger of Fallout

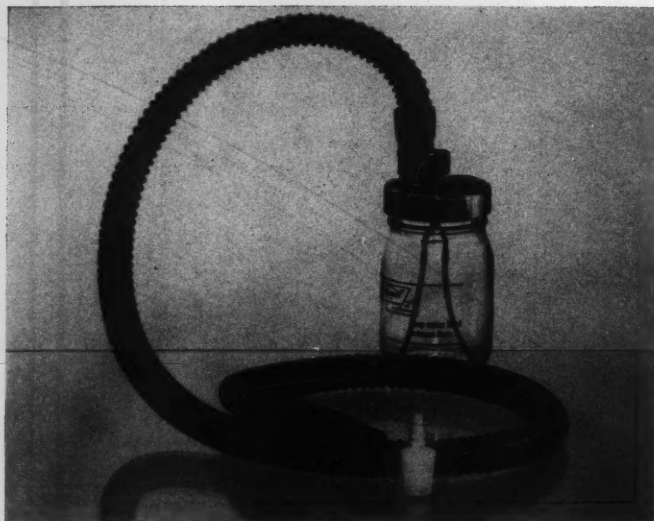
Story of the Convention City

Minneapolis



JOURNAL OF THE AMERICAN ASSOCIATION OF INHALATION THERAPISTS

a humidifier for every requirement



This high humidity oxygen and aerosol therapy humidifier is designed for use in oxygen tents, with masks or for other administration where **HIGH HUMIDITY** is required.

Vacuflex tubing may be inserted directly into tent and produces fine micron particles of bronchodilator substances or detergents. The nylon adapter can be placed directly onto vertical chimney piece or at end of corrugated tubing for mask administration.

Available with either plastic or glass jar.

Ask your dealer or write for our Medical Catalog.



NATIONAL medical equipment division...

national welding equipment company 218 fremont street san francisco

557M

VOLUME 5 NUMBER 4

inhalation therapy

AUGUST 1960

ARTICLES

Editorial: What Administrators Expect From You 10

Howard W. Baker, M.D.

How to Cure Catarrh 12

C. W. Gleason, M.D.

Fallout 15

William F. Neuman, Ph.D.

Minneapolis, "City of Lakes" 18

Frank Huston

REGULAR FEATURES

Chapter Activities

25

Editor's Corner

22

JOURNAL OF THE AMERICAN ASSOCIATION OF INHALATION THERAPISTS

EDITORIAL OFFICE
260 Crittenden Boulevard
Rochester 20, New York

BUSINESS OFFICE
332 South Michigan Avenue
Chicago 4, Illinois

Editor
JAMES F. WHITACRE

Publisher
ALBERT CARRIERE

ADVERTISING REPRESENTATIVE
Samuel N. Turiel & Associates, Inc.
430 North Michigan Avenue
Chicago 11, Illinois

Staff Artist
ROSEMARY F. YOUNG

Production Manager
FRANK HUSTON

Established 1956 and published bi-monthly in February, April, June, August, October, and December at 332 South Michigan Avenue, Chicago 4, Illinois. Single copies \$1; subscriptions \$5 per year to non-members in the United States and Canada, \$6 elsewhere; \$3 to members (included in dues). Copyright © 1960 by the American Association of Inhalation Therapists. All rights reserved. Reproduction in whole or in part without the express, written permission of the Publisher is prohibited.

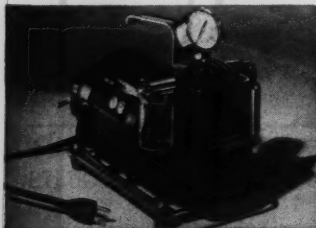
Now ...
Micro-Filtered Air
 for the
No. 1 Croup Tent

Continuous recirculation of fresh, cool, moisture-saturated air, an exclusive feature of the CROUPETTE®, "is important in the care of babies with lower respiratory infections."¹

First "cool vapor" croup tent, the CROUPETTE is used in thousands of hospitals in the U.S., including *all* those affiliated with U.S. medical schools. Compact, portable, easy to set up or store, with no moving parts, the CROUPETTE is as simple to operate and maintain as it is clinically safe and efficient.

Now, with the new AIR-SHIELDS DIA-PUMP® and MICRO-FILTER, compressed air to operate the CROUPETTE is kept virtually pathogen free. Easy to carry, the DIA-PUMP is quiet, oil-free and *unconditionally guaranteed for one year.*

1. Kirkwood, E. S.: Nursing World 129:8, 1955.



The CROUPETTE and new DIA PUMP with MICRO-FILTER are compact, easy to carry

DIA-PUMP (Model EFC) compressor for continuous operation at low cost, delivers MICRO-FILTERED air at controlled positive pressure up to 30 pounds per square inch.

Visibility, accessibility and simplicity are CROUPETTE features. Cool, MICRO-FILTERED, moisture-saturated air provides ideal atmosphere for respiratory therapy.

For information and orders (with 30-day return privilege) call us collect: OSborne 5-5200 (Hatboro, Pa.)
 In Canada: Air-Shields (Canada), Ltd., 8 Ripley Avenue, Toronto 3, Ontario, Roger 6-5444.

The **Croupette**® 

Cool-Vapor and Oxygen Tent by

AIR-SHIELDS, INC.

Hatboro, Pa.

ALEVAIRE® aerosol therapy in the hospital

— nontoxic mucolytic mist —

acute catarrhal croup

CASE REPORT*

D.D., a 2 year old male with fever, cough and laryngeal stridor of one day's duration, was hospitalized because of continued respiratory distress. Treatment had consisted of penicillin, injections and wet vapor inhalations.

Auscultation on arrival revealed harsh breath sounds on both sides and coarse rhonchi. Continuous crouping cough caused severe respiratory distress; the pharynx was injected and the tonsils were large. Diagnosis was acute catarrhal croup.

The child was placed in a croup tent with a humidifier, and antibiotics were administered. The condition did not change and Alevaire aerosol was begun in the evening. The cough gradually became easier and less frequent. The next day he rested comfortably, his temperature was reduced, no respiratory distress was noted, and the lungs were almost clear on auscultation. A day later no further therapy was required and the child was discharged on the fourth day after admission.

*Smetsaert, Andre; Collins, V.J.; and Kracum, V.D.:
New York Jour. Med., 55:1587, June 1, 1955.

ALEVAIRE

Alevaire is supplied in bottles of 60 cc. for
intermittent therapy and in bottles of
500 cc. for continuous inhalation therapy.

Winthrop

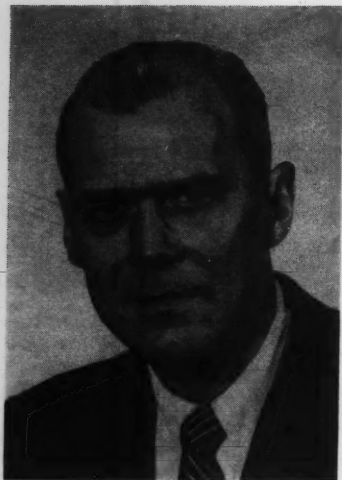
LABORATORIES

NEW YORK 18, N. Y.

Alevaire, trademark reg. U.S. Pat. Off.

has been dramatically effective in:

- neonatal asphyxia (due to inhalation of anesthetic fluid, mucus obstruction, atelectasis)
- croup • laryngitis • tracheobronchitis
- pertussis • pneumonia • bronchial asthma
- emphysema • bronchiectasis • lung abscess
- pneumoconiosis • smoke, kerosene poisoning
- poliomyelitis (respiratory complications)
- routine oxygen therapy • tracheotomy
- prevention of postoperative pulmonary complications



Editorial

What Administrators Expect From You

HOSPITAL ADMINISTRATORS expect inhalation therapy technicians to fulfill certain requirements and live up to definite obligations, which may be divided broadly into professional and administrative categories.

The inhalation therapist is striving for professional recognition and standing; and to be accorded such, must attain prescribed standards and meet specific obligations, similar to those of other established professional and technical fields.

He should have had an education sufficient to enable him to complete successfully a properly planned, conducted and supervised technical training program; and be able to demonstrate technical competence. He should expect to continue to study and keep abreast of technical developments in this rapidly expanding field.

He must conform to professional standards of manner, conduct and appearance. He must be willing to accept responsibility for fulfilling the obligations of the department to render service to patients, and to see that such service is covered at all times, without regard to hours or personal convenience. He must accept the obligation to pass his knowledge on to others and to assist in training in the field, as well as to participate in the training in inhalation therapy of students in other fields.

He must be willing to cooperate with other hospital departments, to promote smooth inter-departmental workings. He must be willing to *earn* recognition of other professional groups by demonstrating his competence and the value of modern inhalation therapy in diagnosis and therapy.

Safety must be a primary concern of the therapist. He must understand and be alert to hazards and dangers inherent in the use of various gases, and constantly be vigilant in the elimination of such hazards and prevention of accidents.

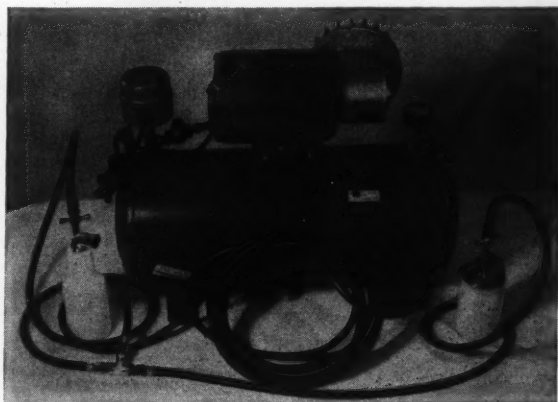
The inhalation therapy technician must accept appropriate responsibility at various levels for successful administrative and financial operation of the department. He must assist in observing economy, avoidance of waste, and efficient use of manpower. He must protect the hospital's interest in ordering or purchase of gases and equipment, and in the maintenance and conservation of equipment. He must assist in providing hospital income by prompt and reliable submission of charges for service. He must keep proper records, develop statistics and render necessary reports as required by the hospital in order to evaluate the work of the department.

A very important consideration which involves both professional and administrative disciplines, is integrity with respect to charges. Although the therapist must seek to develop and expand the department and increase legitimate income for the hospital, he must feel an obligation to protect the interest of its patients, and help in preventing the unnecessary and preventable building up of charges for stand-by use of equipment.

—Howard W. Baker, M.D.
Administrator
Temple University Hospital

COMPRESSOR for CONTINUOUS FOG

operates nebulizer for croup, cystic fibrosis, etc., or IPPB unit, post-operative respirator, or controller-assistor for anesthesia.



Heavy-duty
continuous use.

25-foot extension
hose with 2 outlets,
 $\frac{9}{16}$ - 18 oxygen
and Schrader.

For details
of compressor
and nebulizers
please write:

J. H. EMERSON COMPANY
CAMBRIDGE 40, MASSACHUSETTS

How To Cure Catarrh*

*from EVERYBODY'S OWN PHYSICIAN, by C. W. Gleason, M.D., published by H. N. McKinney & Co., Philadelphia, 1873.

TO DISSOLVE the thick, viscid and tenacious mucus which adheres so closely to the inflamed mucous membrane lining the nose and throat, and which accumulates and obstructs their cavities, no application will be found equal to saline washes, such as carbolate of soda, chloride of sodium, and chlorate of potash, and alum or tannic acid.

The cavity of the nose and throat is exceedingly complicated, and great care will be required to make a thorough application of any wash, to cleanse out the cavity of the nose and throat. When gargles or washes are taken into the mouth, and the head is thrown back, and attempts are made to apply them to the back part of the throat, they will not be successful. No application to the back part of the throat can be made in this way. All fluids carried beyond the base of the tongue and behind the palate must

be swallowed into the stomach. No person can apply any wash to the back of the throat in this way. The experiment may be easily tried by anybody with a glass of water, and this assertion will be quickly verified.

The nasal douche, invented by Thudicum, which directs any fluid into the nose through one nostril and out at the other, only partially cleanses out the cavity of the nose, and does not make any application to the back part of the throat, or the upper and back part of the nose.

After repeated experiments, and the thorough trial of all kinds of instruments invented and used by others, for the purpose of washing out and making suitable applications to the diseased surfaces of the cavities of the nose and throat, the author has found nothing equal to the nasal douche shown in the accompanying illustration. (See fig. 1.) This simple instrument consists of a small elastic bag, with a short piece of flexible hose, and hard rubber mouthpiece, which is curved so that it slides into the mouth over the surface of the tongue, which it serves to depress, so that its blunt extremity, containing numerous little openings, passes up behind the palate! (See fig. 2.)

Having prepared the wash for cleansing out the cavity, the soft rubber bag is firmly compressed to expel the air, when the mouthpiece is placed in the

Editor's Note: We are sorry that space does not permit us to print all of Dr. Gleason's remarks. The following are excerpted from Lecture XIII of his book, entitled "Catarrh, and Diseases of the Nose and Throat." They present an interesting view of medical thought of a hundred years ago on an ailment which is still common and troublesome, despite all our advances since that time.

wash and the compression removed from the bag, when it soon fills. Now the mouth-piece is slid over the surface of the tongue until its tip touches the back part of the throat. (See fig. 3.) Now bend forward your face over a wash basin, and firmly compress the elastic bag, and the wash will be thrown as a gentle spray or shower all over the interior of the cavity of the nose and throat. This operation should be repeated several times, or until all the accumulated mucus and other impurities are removed.

The nasal douche should be used at least three times a day, or as often as is necessary to prevent the accumulation of acrid and poisonous mucus. In many instances, these putrid accumulations of mucus are so poisonous and acrid that their retention excoriates the mucous membrane, and greatly increases the suffering of the invalid, and prevents recovery. Thorough cleanliness is indispensable to rapid recovery from this loathsome disease.

When the nasal bones decay and become loose and dead, obstructing the cavities of the nose, they act like foreign bodies, and should be carefully removed, and the cavity of the nose cleansed with a weak solution of iodine and warm water.

After a few trials anyone can use the nasal douche themselves, without any assistance, and thus complete their own cure. The rapidity of the cure of this disease will depend upon the faithfulness with which the applications to the diseased mucus surfaces are made.

Having removed the putrid accumulations and acrid mucus from the cavities of the nose and throat, and cleansed the diseased mucous membranes by the use of the nasal douche as often as required, then the inflammation may be removed and the ulceration healed by the judicious inhalation of medicated vapors, which are best adapted for this purpose.

In acute inflammation of the mucous membrane lining the nose and throat, hay fever, rose colds, influenza, quinsy, bronchitis, &c, where the principal object is to allay irritation and reduce inflammation, very few remedies will be found superior to acetate of lobelia, combined with acetate of opium and chloride of sodium, to which may be added a few drops of Calvert's solution of carbolic acid.

When the discharges from the cavity of the throat and nose become putrid and offensive, weak solutions of sulphurous acid, or chlorine, and carbolate of soda, will afford the most prompt relief.

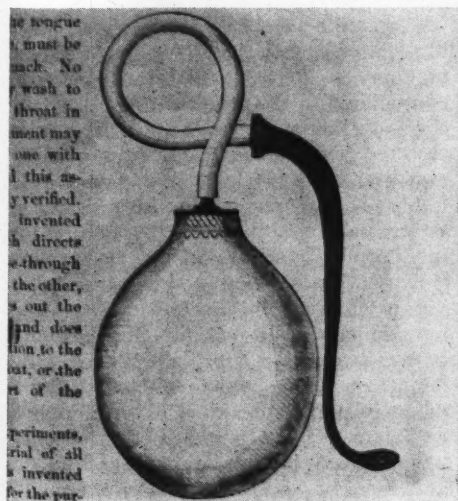


Figure 1



Figure 2



Figure 3

In many old, chronic cases of long standing, with great relaxation of the mucous membrane and palate, a more stimulating course of treatment will be required, and in these cases much relief will be obtained by the use of tincture of tolu and tincture of gum benzoin. When the discharges of mucus are very profuse, and it is desirable to restrain or diminish them, few remedies will be found superior to combinations of purified tar and extract of belladonna.

In many children of a strumous or scrofulous habit, and in all cases where there is enlargement of the tonsils and glands of the neck and throat, iodine is the most useful of all remedies.

These preparations may be dissolved in warm water or used in the form of tinctures, and reduced by the addition of diluted alcohol or spirits of wine, to suit each case.

Inhaling bottles should be made only of the best flint glass, and the openings should be sufficiently large to enable an invalid to use them without any considerable exhaustion or fatigue. The one used by the author is shown in the accompanying illustration. (See fig. 4.) When the disease is situated in the cavity of the nose, then the glass bulb at the end of the inhaling pipe should be placed in the nostril on either side of the nose, and

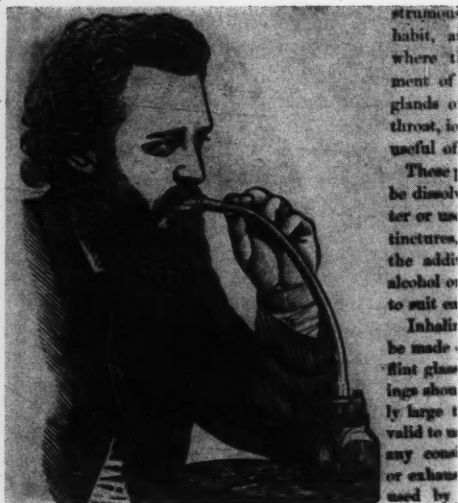


Figure 4

when the disease is located in the cavity of the throat, then it should be inserted in the mouth.

Inhalations should always be used warm, as the substances of which they are composed are much more readily reduced to the form of vapor by the application of heat. In common colds or influenza, fill the inhaling bottle half full of warm water, and then add a teaspoonful of fine salt and a teaspoonful of vinegar. Inhale this for five or ten minutes every hour until relief is obtained.

A solution of salt and rain water will form a very good basis for the addition of many of the other substances before enumerated in the treatment of many diseases of the nose and throat. Mucus is secreted from the follicles of the mucous membrane, to lubricate and protect the lining surface, and when this substance, which has been prepared by nature for this purpose, is examined by the chemist, it is found to be composed of water holding in solution a little chloride of sodium, or common salt. In fact, the mucous membranes are always kept soft and moist by being constantly bathed in a saline fluid. when in perfect health. Chlorine, iodine, carbolate of soda, opium, belladonna, lobelia, are soluble in warm salt and water, and may be used according to circum-

strumous habit, and where a treatment of glands of throat, is useful of These may be dissolved in water or used in tinctures. The addition of alcohol or to suit the taste.

Inhalation may be made in a small glass bottle about the size of a large tumbler. It is valid to use any compound or extract used by the

continued on page 25

FALLOUT...

FALLOUT...

FALLOUT...

By William F. Neuman, Ph.D.
*Professor of Radiation Biology
Associate Professor of Biochemistry and
Pharmacology
University of Rochester Medical Center
Rochester, New York*

SCIENCE, as such, represents only one aspect of the problem of nuclear testing; there are political, economic, religious and military overtones that color any thoughtful man's decision about whether or not these tests should continue.

Yet it is to science, the newly elected oracle of the atomic age, that people direct their questions; and we scientists respond with a shower of answers whose ambiguity would do justice to the original at Delphi. Not that the available scientific information is vague; indeed, we scientists can fortify any of our statements with a fine array of facts and figures. But how puzzling it must be to the layman to see men armed with identical "facts" arrive at such disparate conclusions!

When the ordinary citizen asks, "Am I, or are my children, in danger?" he may get placid reassurance or the fright of his life, depending on the interpretation of the scientist to whom he addresses his question. The facts, you see, *require* interpretation; by themselves, they are almost meaningless. And, interpretation introduces the element of human judgment. Since there are always several ways of approaching any problem, the same set of "facts" serves as a springboard from which the scientists soar off in all directions.

It is helpful to compare the two extreme views; one would ordinarily expect that the truth must lie somewhere between these two extremes.

1. Taking the calmer view, one could say that, at low levels, comparable to the background radiation to which we are exposed every day from cosmic rays and the earth itself, no one has demonstrated any ill effects. In fact, some experiments show that animals live longer than normally when exposed to very small amounts of irradiation. And present levels from fallout have raised the population's exposure only a little above natural background.

1. But we can point to genetic studies indicating some likelihood that all radiation, however small, is harmful. Epidemiological studies do not yet "prove" anything, but they strongly suggest that natural background irradiation might be responsible for at least part of the genetic defects, the leukemias and cancers which plague our population naturally. From this it follows that raising background will increase the numbers of people so afflicted.

2. Again, an assuager of alarm could give his opinion that Strontium 90 has been overemphasized. It is only one of the by-products of nuclear explosions. As a heavy nuclear fuel such as uranium or plutonium undergoes fission a whole host of small nuclear fragments appear; nearly all of the elements in the middle of the atomic table are formed. Nearly all of these are radioactive, but, for the most part, they rapidly dissipate their radioactivity high in the atmosphere. In undergoing this harmless transformation, they become ordinary substances which cause no hazard.

3. And can the problem be avoided by securing foods that don't contain Strontium? Hopefully, one might lessen the fear by emphasizing that in each test explosion, fission products are scattered to the four winds and carried all over the globe. Thus, while any food you might choose will contain traces of Sr90, the traces will be so diluted that the level in any one food will be low indeed.

4. Since Strontium is produced only by fission, it might be argued that we could reduce the danger of radioactive fallout by testing only "clean" or fusion bombs: In fusion, isotopes of hydrogen are converted to non-radioactive products such as helium, and the hazards from fallout are therefore minimized.

2. Any well-informed colleague would agree that most radioactive fragments *do* rapidly become nonradioactive. But this is the very reason Strontium 90 isotope has received the greatest emphasis. It has a long life, averaging 40 years; it is one of the most important fission products in terms of amount produced, it gets into the food chains leading to man; it concentrates in the skeleton and it stays there. Experimentally, Strontium 90 has produced bone tumors in animals. Although these experiments have involved levels much higher than those yet encountered in fallout, it is reasonable to expect similar effects—less severe, perhaps, less frequent—from fallout.

3. In a more alarming presentation, the dietary problem can be summarized simply: "fission products are widely disseminated, and all foods are contaminated." Further, the radioactive ash from small weapons is dispersed below the stratosphere, circling the globe in a narrow band which coincides with the greatest food-producing areas for the bulk of the world's population. Even large weapons which deposit their debris in the stratosphere are showing a preferential fallout in the northern latitudes, the most highly populated regions.

4. First of all, at the heart of every fusion bomb is a fission trigger. Then, too all such weapons release large quantities of neutrons which react with nitrogen in the air to form C-14, a radioactive isotope of normal carbon. It is not unfair to say that "dirty" bombs produce large amounts of Sr. 90 while "clean" bombs produce principally large amounts of C-14. Which is worse is a moot question biologically. Strontium concentrates in the skeleton, leaving the gonads relatively unaffected. Carbon, however, is incorporated into the very substance of the genetic apparatus itself.

So it goes, the biological argument about radiation taking the form of urgent distress on the one hand and uneasy placation on the other. But biology and physics are not all that is involved in our problem. There are socio-political considerations. Unfortunately, we again find two sides to the argument.

1. The tests permit a continuing improvement of our nuclear arsenal on which we are now completely dependent.

2. It is difficult to arrange an inspection system which can insure against violations.

3. It is morally wrong to let freedom die by failing to maintain a competitive retaliatory capability.

4. Only by improving our retaliatory power can we avoid World War III.

5. Disarmament in any form only precipitates war by encouraging the aggressor nation.

6. Improving the quality of our stockpile will improve chances of successfully meeting "brush-fire" aggressions.

1. They also permit continuing improvement of Russian capabilities (at a faster rate?) and open the door to fourth, fifth and sixth nuclear powers.

2. It will be exceedingly more difficult with passing time as new powers enter the race.

3. It is morally wrong to pollute the atmosphere of all nations in pursuing our own national interests.

4. Preparation for war never prevented war. A large portion of the world would be destroyed if our *present* capabilities were employed, and the genetic consequences can only be guessed at.

5. It is silly to build huge reservoirs of weapons that cannot be used. The economic strain of an arms race greatly increases the chances of a war.

6. If the situation is serious enough to warrant nuclear weapons it is not a brush-fire engagement. A stalemate is the best decision to be hoped for in such a case. Both sides must agree in advance not to use weapons large enough to be decisive.

And this is the substance of the argument. We have summarized the two extremist views, with no clear-cut "middle of the road" position between the two extremes. Were this the end of the matter, we would all be hard put to reach a decision.

But, the third position is not in the middle. It lies outside the extremes of alarm and assurance, and so clearly outside, so plainly in view that like the proverbial nose on the face, it cannot always be seen.

It is simply this: Biological hazard of fallout is not the primary factor in deciding about the continuation of nuclear tests.

The fact that does determine the advisability of a ban on testing is that nuclear weapons are too hazardous to use. And if you cannot use them, why test them? Why stockpile more weapons than we dare explode?

It is clear that, in military terms, nuclear weapons have already been developed to a point of absurdity. We dare not use what we already possess.

continued on page 20



Minneapolis "City of Lakes"

By Frank Huston

HAVE you ever thought what it would be like to live in a city surrounded by water? That is exactly what you will experience in Minneapolis at the sixth annual meeting of the American Association of Inhalation Therapists. The city is called "the City of Lakes" from the Sioux Indian word minne (water) and the Greek word appolos (city). Twenty-two lakes and lakelets surround the city, adding not only to its beauty but providing ample means for both winter and summer recreation. Couple this with the magnificent system of parkways and boulevards known as the Grand Rounds and you have a city of true beauty.

Not to be outdone by its natural endow-

ments, the natives are fast making Minneapolis one of the most modern and progressive cities in the country. At the present time 60 acres of the downtown area are being razed to make way for gleaming skyscrapers and ultra modern office buildings. The city's tallest building, Foshay Tower, is the only commercial edifice in the country granted permission to copy its architecture from the Washington Monument. From the top of this building you can get a spectacular airview of Minneapolis and the surrounding area.

Downtown Minneapolis is the financial, business and shopping center of the Upper Midwest. Famed Nicollet Avenue has been aptly named the "Fifth Avenue of the Mid-

west." Along this famous street are some of the smartest shops in the country. Everything from a five-cent key ring to a \$20,000 chinchilla coat are yours for the asking (providing, of course, you bring your check book).

Headquarters of the largest milling companies in the United States, General Mills, Pillsbury and International, just to mention a few, put the city on a sound economic basis. Of equal importance is the printing and publishing business. Minneapolis is one of the largest centers for this industry, boasting over 350 companies turning out everything from greeting cards to slick magazines.

Situated in the 45th parallel, Minneapolis has a marked continental climate. The average Fall temperature is 48.5 degrees, so bring along your coat and hat, and by all means spruce up for your evenings on the town. Minneapolis boasts some of the finest restaurants in the country, and while they are not all the dressiest, they do require a tie and jacket of the gentlemen.

Perhaps the cultural aspect of Minneapolis is best exemplified by the world renown Minneapolis Symphony Orchestra. This organization (one of the most traveled symphonies in the United States) has brought more fame to Minneapolis than any other cultural institutions. Founded in 1903, the orchestra quickly grew to become one of the leading musical groups in the country. Its home is in the beautiful Nor-

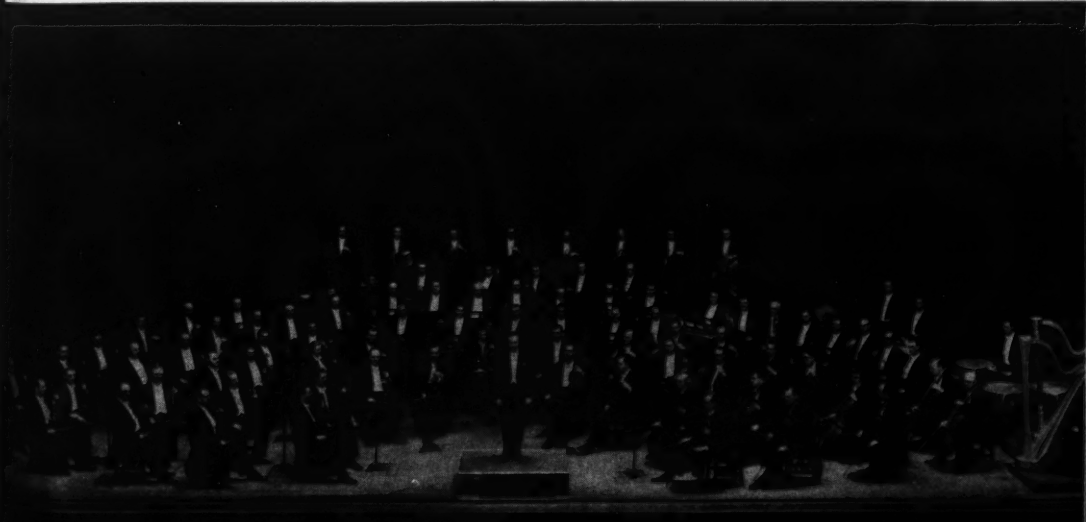
throp Auditorium on the campus of the University of Minnesota. The Minneapolis Orchestra has been recognized throughout Europe as one of the five top orchestras in the world.

Further cultural pursuits can be well satisfied at the Walker Art Center or the Minneapolis Institute of Arts. They both present timely exhibits of contemporary art as well as the very best in traveling displays. In addition, their permanent collections are the most highly prized in the Upper-Midwest.

The American Swedish Institute, devoted to Swedish art and culture, is foremost in its field, and has been a constant source of inspiration to interior decorators and fabric designers from all over the world.

Inside the Pick-Nicollet Hotel, your convention headquarters, there will be a beehive of activity. From Monday through Friday you will be busily engaged in listening to some of the most learned men and women in the country discuss the topics near to every inhalation therapist's heart. And you will see on exhibit the most advanced products in the world, tools of your profession, that you may use with confidence and pride.

There is a feeling of excitement in Minneapolis, a sense of people going places and doing things. It is this feeling of excitement that we think will make the sixth annual meeting the best in A.A.I.T. history.



continued from page 17

It is clear, too, that the Russian government recognizes the absurdity of nuclear weapons and nuclear warfare, and that they are resigned to a long period of strained, yet peaceful, contention. They are convinced that they will ultimately succeed in achieving world domination peacefully—that they will "bury us."

We are not in danger of getting into a war; we are already in a war. The weapons are not nuclear but ideological in form. We cannot, in such circumstances, spend all our efforts on maintaining a balanced budget and testing bombs. We have real and big problems to solve.

Space research, education, integration, the world population bomb, developing the industrial capabilities of backward nations . . . these are the real and pertinent issues which deserve our inspired efforts.

We have already delayed too long in our soul-searching, seeming instead to prefer endless argument over the hazard of fallout. Is it perhaps a new form of the old isolationist dream, this construction of an atomic barrier? Do we seek to preserve our civilization with explosives? If so, we will find ourselves disappointed . . . surrounded by golden trinkets, yet alone.

It is not the golden touch that is wanted, but rather the common touch. The voices of seething millions are crying for assistance—assistance not to be measured in terms of automatic dishwashers and TV. A parade of our wealth can hardly amuse these millions; nor is the common touch likely to be achieved by setting off firecrackers, however big they may become. If we must put on a show for the world, a mushroom cloud is the least suitable display we could choose.

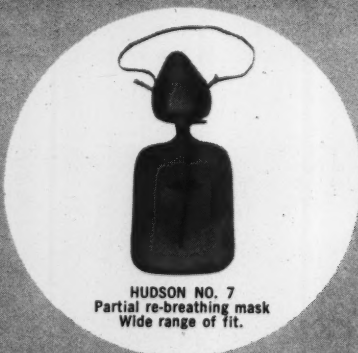
It is time now for constructive efforts, for the sincere lending of our great scientific talents and natural resources for the advancement and enlightenment of man. We simply cannot afford to go on sending our financial and intellectual resources up in smoke, only to get them back in atomic ash.

HUDSON DISPOSABLES

FINEST MASKS EVER MADE
AT ANY PRICE



HUDSON NO. 707
Non re-breathing mask
with unique air siphon.



HUDSON NO. 7
Partial re-breathing mask
Wide range of fit.

BOTH MASKS ARE: Air vented for safety
Equipped with swiveling tubing nipple
at neck of mask—featherweight
PRICED FOR INDIVIDUAL USE

HUDSON OXYGEN THERAPY SALES COMPANY
LOS ANGELES 27, CALIFORNIA

Please send free samples

NAME _____

ADDRESS _____

CITY _____

TRIPLE DUTY...



1. A Portable Bed-Size Fog Room for Children or Adults.
2. For High Humidity Therapy in Standard Oxygen Tents.
3. As a Room Humidifier including 4 Bed Wards.

Walton

COLD STEAM® HOSPITAL HUMIDIFIER

Unique in concept and capabilities, Walton's Model HA was developed specifically to provide high humidity therapy in practically every medical department.

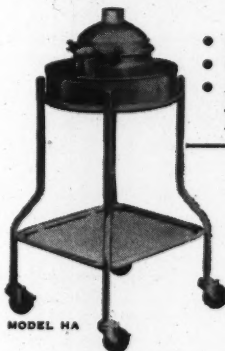
Its patented "Centrifugal Atomizer" produces such great quantities of vapor that a tremendously enlarged canopy could be designed . . . big enough to fit over an

entire bed, giving the patient — child or adult — complete freedom. It is, in essence, a portable, storable fog room.

Exclusive Walton features make this unit a necessity in every modern hospital where high humidity is desired for children, adults, in oxygen tents, or in rooms.

MAKES NURSING CARE EASIER, TOO

- Special 60" Vertical Zipper for Easy Access.
- One Filling Lasts 8 to 10 Hours.
- Exclusive Walton "Flow-Thru" Feature for Ventilation Maintains Ideal Canopy Temperatures Without Ice, Drain Buckets or Drain Tubes.



MODEL HA

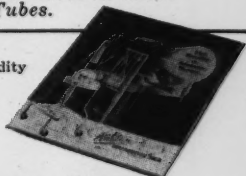
WRITE FOR FREE 8 page Humidity Therapy booklet and details of Auxiliary Gift Incentive Plan.

Walton

LABORATORIES, INC.

DEPT. IT, IRVINGTON 11, N. J.

CHICAGO OFFICE: 549 W. WASHINGTON BLVD., CHICAGO, ILL.



AVAILABLE ONLY THROUGH LEADING HOSPITAL SUPPLIERS

EDITOR'S CORNER

Another School

OUR JUNE issue carried a story on schools for training therapists. As the article stated, we sent out a survey questionnaire this spring to all schools we knew of. This was followed up a little later by a second mailing, to get all returns in. Having had no reply from one of them by going-to-press time, we assumed the school had closed, since we knew that its technical head, Benigno Rosa, had died last summer. So our table of schools did not list it.

After copy had been all set, your editor learned from one of its faculty members that the School for Inhalation Therapists at St. Elizabeth's Hospital, Elizabeth, New Jersey, is still extant. Those in that area who are interested may be able to find out particulars from the hospital.

We are hoping that other schools will make themselves known to us, so that we can publicize them here.

The Convention

If you haven't already arranged it, you certainly should wait no longer to approach your superior or administrator about sending you to this most important event of the year for inhalation therapists. (November 14 to 18)

Unless you are one of the fortunate ones enrolled in formal training, this meeting is your biggest opportunity to get some intensive training from the authorities in the field to augment your stores of information and experience, and thereby to increase your professional competence. These things increase your value to the institution you serve, which should be interested in offering ever better patient service.

If you are wondering what things you need to know for Registry examinations (when they begin), this would probably be an excellent place to get some good ideas.

Chapter News

You'll notice only a half page of Chapter news in this issue. We can only take this as a reflection



of inactivity in the chapters, which at a time like this is certainly hard to understand. One of the best ways to continue and extend your professional development outside of schools or annual meeting attendance is attendance at local professional meetings—your chapter meetings!

If they are not professional meetings, it is time to make them so—make them interesting and educational—let their programs help you prepare for Registry examinations. And report these worthwhile activities, please, so we can share each other's ideas.

You'll note, too, that we have a new Chapter Activities Editor. Jack Sangster, of Montreal General Hospital, who has for several years faithfully done this hard job, has been forced by other responsibilities to give it up. Your editor wishes to extend to Jack his sincerest thanks for the noble efforts he made during the formative years of many of our chapters, during which we were unable to provide much guidance to them, and therefore Jack frequently was faced with inadequate reports to try to write an intelligible column from.

We are hoping that recent memos to chapter secretaries will help Jack's successor to receive clearer, more accurately detailed reports. *Chapter secretaries please note:* henceforth you should send copies of your minutes of meetings promptly to:

Howard R. Dockham
1415½ North Tyndall Street
Tucson, Arizona.

Future Plans

We are planning for our October issue an informative feature story on the convention in Minneapolis in November (see also story on Minneapolis in this issue). Other articles in preparation are ones on maintenance of IPPB equipment, pulmonary edema, elementary bacteriology, ancient inhalation therapy, more book reviews, local institute or seminar planning, and an article on other educational aids.

CHAPTER ACTIVITIES

by Howard R. Dockham

THE MARCH meeting of the Greater Boston Chapter was held at the Massachusetts General Hospital. Chapter Secretary H. Eugene O'Connor spoke on "Understanding the Asthmatic," and there were lecture-demonstrations on the oxygen tent by President Angelo Guarino and on the Walton Humidifier by Mr. Edmund Banks.

In February the chapter was host to the firemen and policemen from the Boston metropolitan area, and held a brief symposium on resuscitation. Mr. Vincent D. Kracum, Inhalation Therapy Consultant, Ohio Chemical & Surgical Equipment Company, New York, spoke on this subject, and on the condemnation of the use of carbon dioxide-oxygen mixtures for this purpose. Mr. Patrick J. MacGuinnis, of the E. & J. Resuscitator Company, discussed the history and development of resuscitators, and gave technical pointers on their use and on the proper positioning of the patient while applying the mask.

The Greater New York Chapter decided to improve the conduct of its meetings by distributing copies of a simplified parliamentary procedure booklet, based on *Roberts Rules of Order*, at its March meeting. The meeting featured Mr. William H. Smith, Research and Development Engineer, O.E.M. Corporation, in a lecture-demonstration on the use and after-care of the Coflator. In addition, there were case history reports given by two other members, to illustrate the efficacy of IPPB therapy.

The April meeting was addressed by Vice President Warren H. Greer on "The Role of the Inhalation Therapist in Staph Pneumonia Cases."

Dr. Leonard Steinfeld, Pediatric Cardiologist at Mt. Sinai Hospital, spoke at the May meeting. His topic was "Inhalation Therapy as Applied to Pediatrics."

continued from page 14

stances, when they are required, by dissolving them in this way.

By means of medicated inhalations all remedies may be applied *directly* to the seat of the disease, in their *full strength*. When the same remedies are swallowed, they must be *digested*, like our food, and then absorbed into the blood and mixed with and *diluted* in that fluid, before they can reach the seat of the disease, and consequently can exert but little power in the cure of any local disease of the mucous membranes lining the cavities of the nose and throat. When the stomach is drenched with irritating and nauseating remedies — ipecac, squills, lobelia, tartar emetic, &c, digestion is impaired or destroyed, and diseases of the nose and throat often complicated, or made worse. But by judicious, well-regulated inhalations the proper remedies are applied where they are required, directly to the seat of the disease, in sufficient strength to cure it, while the stomach may be used to digest food, or for the reception of tonic remedies to nourish, strengthen, and build up the whole system.

Official AAIT Jewelry



Uniform Insignia, same size as illustrated, gold filled quality, green French jewelers enamel, safety catch

\$7.50 each

Lapel Emblem, same size as illustrated, 10K solid gold, green French jewelers enamel, safety catch

\$6.00 each

Both available for immediate delivery, price includes excise tax, no COD's, send payment with order direct to manufacturer —

AWARD EMBLEM MFG. CO.

AWARD EMBLEM OF DISTINCTION

3435 W. 51st STREET, CHICAGO 32, ILL.



HIGH- HUMIDITY OXYGEN TENT

NEW

VERSATILE



One simple control lets operator cover humidity range from that obtained in standard tents to a saturated fog. Fog provides high therapeutic value with minimal external wetting of patient because moisture forms in stable particles that do not coalesce. Messy, uncomfortable "rain" is completely avoided. The fog generator has no moving parts, does not tax the compressor unit and may be easily removed for cleaning. A clear, pliable plastic tube at the lower front section of the tent facilitates filling and draining of the large-capacity reservoir and also provides a visible indication of the water level at all times. Can be used as standard oxygen tent by merely turning humidity control knob to "OFF" position.

*For more detailed information please write Dept. IT-8 requesting
Catalog 4780 or if you prefer,
contact your nearest authorized Ohio Chemical dealer*

"Service is Ohio Chemical's Most Important Commodity!"


Ohio Chemical

OHIO CHEMICAL & SURGICAL EQUIPMENT CO.
(A Division of Air Reduction Company, Inc.)
MADISON 10, WISCONSIN

Ohio Chemical Pacific Company, Berkeley 10, Calif.
Ohio Chemical Canada Limited, Toronto 2, Ont.
Airco Company International, New York 17, N. Y.
Cia. Cubana de Oxigeno, Havana



(All subsidiaries or divisions of
Air Reduction Company, Incorporated)

